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ABSTRACT

This manual provides a brief framework of organization that serves as a response tool for a wide spectrum of crisis circumstances encountered by schools. It is meant to be a generic guide for school teams and should be customized by each school that uses it. Even with emergency procedures in place, each crisis at a school needs to be evaluated as it occurs. As mandated by Senate Bill 187 (The Safe Schools Act), all California schools are now required to have a safety plan. However, the mental health, or stress management, aspect of crisis management is often overlooked, and less often practiced by schools. This manual is meant to be a companion document to such school safety plans, mandated by the Safe Schools Act. Its format and terminology are in accordance with California's Standardized Emergency Management System, making it easy for schools to integrate it into their documents. The manual includes guidelines for debriefings, guiding questions for a critical incident stress, and a suggested plan of action for prevention/preparedness, emergency, and recovery. Also included are suggestions for the classroom teacher on how to "defuse" a critical incident and emotional first-aid suggestions for caregivers. (GCP)

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# CRITICAL INCIDENT STRESS MANAGEMENT IN SCHOOLS

# MENTAL HEALTH COMPONENT

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## Using the Manual

The manual in the following section is meant to be a generic guide for school teams. It should be customized by each school that uses it. Rather than try to offer a static response to each potential kind of crisis, as many manuals do, this plan provides a brief framework of organization that is a response tool for a wide spectrum of circumstances. Even with emergency procedures in place, each crisis needs to be evaluated as it occurs. That unknown risk exists during crises became painfully clear during the mass killings at Columbine H.S. in Littleton Colorado on April 20, 1999. This tragedy raised some questions for those who work in school crisis response: Gunshots are heard outside the building while school is in session, should students be evacuated, or locked in? The answers will depend upon an evaluation of circumstances and the safest, least costly (in terms of human life) procedure. The crisis team needs to know as much information as possible to make its decisions: Are the shooters on campus? How many are there? Are they shooting as they enter? How many are they and what kind of firepower do they have? Are they taking hostages? These are all questions that could never be known beforehand, and may well change several times during the crisis.

As mandated by Senate Bill 187 (The Safe Schools Act), all California schools are now required to have a safety plan. However, the mental health, or stress management, aspect of crisis management is often overlooked, and less often practiced by schools. The *Critical Incident Stress Management Plan - Mental Health Component* is meant to be a companion document to such school safety plans. Its format and terminology are in accordance with California's Standardized Emergency Management System (SEMS), making it easy for schools to integrate it into their documents.

# CRITICAL INCIDENT STRESS MANAGEMENT

# MENTAL HEALTH COMPONENT

**What is a critical incident?**

It is any event that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group. They often are sudden, powerful events that are outside of the range of ordinary human experiences.

## Possible examples of critical incidents

Civil unrest, gang/ethnic group-related assaults, sexual assaults, campus-related death or suicide, war, natural disasters.

## Purpose of the critical incident management plan

To minimize and mitigate damage to survivors, and to help restore previous coping abilities to the affected individuals and groups. To assist survivors in resuming normal operations after the incident.

## How can we help survivors to cope with the incident?

By having defusing and debriefing sessions.

## What is defusing?

A brief meeting that takes place very soon after the critical incident and is led by a member of the Critical Incident Response Team. All on-campus adult school personnel should attend. In the meeting:

*State the facts of the incident.

*Dispel rumors.

*Tell survivors they may or may not have signs of distress. Anxiety, sleep disturbance, and other signs of distress will most likely decrease in a period of weeks.

*Advise survivors to get rest, moderate exercise, family/social support, and to avoid overuse of substances like alcohol and caffeine.

*Inform survivors about how to get additional help if they need it.

*Provide any other needed information.

## What is debriefing? (adapted from the Mitchell Model)

A meeting or discussion about a distressing critical incident. It is used to help people who remain distressed after defusing. It is also used to help people who have histories or current situations that put them at high risk for extreme emotional distress. It is designed to mitigate the impact of a critical incident and to assist people in recovering as quickly as possible from the stress associated with the event. *The debriefing for adults and children older than 12 is run by a specially trained team that includes a mental health professional and peer support personnel.*

In the meeting: **(for adults and older children – above age 12)**

*Introduction-

Explain the purpose of the meeting.

*Facts review-

Ask each person:

where they were when the incident occured

what they saw, thought, heard, smelled during the incident

*Feelings review - Ask each person

what they felt during the incident

what meaning the incident had/has for them

what they feel now

*Symptom review- Ask each person

if they have had any unusual experiences or sensations on/away from the incident site

if they have any unusual experience at this moment

*Teach (mental health professional)-

Review stress coping strategies

Validate feelings/sensations

Emphasize similarities of group members' reactions

Emphasize that reactions are normal stress responses to an abnormal situation

Answer questions

*Close- Thank the participants

Give list of mental health on site/community resources

*Follow-up- Set up individual appointments as needed

Set up additional group meetings as needed

**For young children (6-12 years old)**
*The meeting should be run by a familiar and reassuring adult, such as the classroom teacher.*

*Introduction

Make sure the meeting is brief (45 minutes or less)

Establish an understanding, empathic, concerned, and supportive mood

Explain the purpose of the meeting

*Facts review-

Ask the children to tell what happened

Do not force children to speak

Provide hugs and reassurance as needed

Encourage children to tell their parents or caregivers about what happened

Provide one-on-one help for withdrawn or extremely distressed children

*Reaction-

Explore with the children how they felt during and after the incident

Be interactive, using your own experience as a guide

> Example: "Were you frightened at the the time? You know I would have been frightened, too. How many others in the group were frightened? Show your hands. Wow, that's almost everyone. You see that's a pretty usual response to something like this. Was anyone mad? Yes. Who else? Getting mad when something like this happens is understandable." (Mitchell, 1999).

*Teaching-

Help the children to understand that their response is normal and shared by many others

Elicit ways that the children have learned something or become stronger from the experience

*Re-entry

End on a note of reassurance, acceptance, and hope

Identify children that might need one-on-one follow-up

Have a follow-up meeting about 5 days later to make sure all children are recovering

## GUIDING QUESTIONS FOR A CRITICAL INCIDENT STRESS MANAGEMENT PLAN

**Who should be on our school's Critical Incident Stress Response Team?**

Name Title Assignment

_____

_____

_____

_____

_____

_____ Counseling and Psychology Staff_____

_____ School Nurse_____

_____ Peace Program Staff_____

_____ Peer Mediator/Counseling Rep._____

**Who will coordinate the mental health component of our critical incident response?**

_____ Backup_____

_____ Backup_____

_____ Backup_____

_____ Backup_____

**How will the staff be informed of the incident?**

_____

**How will the students be informed of the incident?**

_____

**How will parents be informed of the incident?**

_____

**Who will speak with the media?**

| Name | Assignment | Backup |
|---|---|---|
| _____ | Public Information Officer | _____ |

**Who will write a statement for those answering the phones?**

| Name | Assignment | Backup |
|---|---|---|
| _____ | Public Information Officer | _____ |

**Who will activate the telephone tree?**

_____ Incident Commander _____

**What communications system will we use if phone lines are not working?**

_____

**Who will contact transportation services?**

| Name | Assignment | Backup |
|---|---|---|
| _____ | Logistics Chief | _____ |

**Who will present the initial stress defusing meeting for staff? (mental health professionals and peer support personnel)**

_____

_____

_____

**Who will present the initial stress defusing meetings for students?**

Teachers

**Who will present stress debriefing meetings for students? (mental health professionals and peer support personnel)**

Counselors

Psychologists

**How will stress debriefing meetings be organized?**

Teacher/staff referral

Self-referral

**Where will stress debriefing meetings be held?**

_____

**Who will provide specialized on-site psychological/medical interventions if needed?**

_____

_____

**What buddy school could we contact if we are overwhelmed by the crisis?**

_____

**Who will debrief our debriefers, if necessary?**

_____

**What district support is available to our team?**

Name Telephone #

_____

_____

**What city support is available to our team?**

Name Agency Telephone #

_____

_____

**What community resources are available to our team?**

Name Agency Telephone #

_____

_____

_____

**What county support is available to our team?**

Name Agency Telephone #

_____

_____

**What federal support is available to our team?**

Name Agency Telephone #

_____

_____

**Who will contact the above resources if needed?**

Name Assignment Backup

_____ Incident Commander _____

_____ Logistics Chief _____

# SUGGESTED PLAN OF ACTION

## PREVENTION/PREPAREDNESS ACTIONS

Before crisis:

*Form a Critical Incident Stress Response Team -- Operation Chief

*Form and approve plan

*Review plan with entire school staff

*Practice plan

*Identify training needs

*Train staff as needed

During crisis:

*Adults increase visibility in hallways and outdoor areas during passing periods, nutrition, and lunch as notified by memo or faculty meeting.

*Faculty lead classroom discussions to avert emergency and to continue gathering relevant information.

*Buildings closed/classrooms locked at discretion of Incident Commander.

*Activities canceled/postponed at discretion of Incident Commander.

*Safety Officer monitors the response team and survivors for stress defusing/debriefing needs. Consults with Medical Team Leader. Reports to Incident Commander and activates/reactivates the Critical Incident Stress Management Team.

*Incident Commander and Safety Officer organize meeting of key players to avoid confrontations, if appropriate.

*Faculty and staff provide structure and reassurance for students.

**EMERGENCY ACTIONS**

*Incident Commander gathers facts.

*Incident Commander calls emergency response teams if needed (paramedics, police, gang task force, fire department, etc.)

*Incident Commander notifies faculty and staff of needed emergency actions through bells or other emergency signals.

*Incident Commander activates phone tree or other emergency communication system.

*Safety Officer and Medical Team Leader meet to formulate further response recommendations to Incident Commander.

*Critical Incident Stress Response Team reports to Medical Team Leader for direction.

*Critical Incident Stress Response Team meets to coordinate defusing/debriefing actions.

*Incident Commander provides initial information and notifies teachers of preventive and follow-up actions (defusing and/or debriefing) through memo or faculty meeting.

*Operations Chief sets up Crisis Center (if needed) in _____ (where).

*Public Information Officer handles all media contacts.

*Incident Commander contacts LBUSD central office.

*Faculty and staff cooperate with emergency response teams to treat/evacuate casualties.

**Emergency signals:**

1. Emergency in progress:

_____

_____

2. Evacuate signal_____

3. Lock down signal_____

What to do:

Before first period:_____

_____

_____

During class time:_____

_____

_____

During lunch or nutrition:_____

_____

_____

During teacher's conference period:_____

_____

_____

After last period:_____

_____

_____

4. Student "hit the deck" signal_____

5. Shelter in place signal_____

6. Teacher's "room clear" signal to students_____

Where should students go?_____

7. Teacher's (secret) signal to designated student(s) to leave quietly and get help_____

_____

8. All clear signal_____

_____

What to do_____

**Other emergency procedures:**

Administrators/Staff Assistants:

_____

_____

_____

Maintenance/Ground Personnel:

_____

_____

_____

Teacher buddy teams:

_____

_____

_____

Counselor/Psychologist teams:

_____

_____

_____

**Emergency Early-Out Procedures:**

_____

_____

**RECOVERY**

(On as-needed basis, designated by Critical Incident Stress Response Team)

1. Coordination Center set up (where)_____
2. _____announces facutly meeting same day or morning after incident.
3. Defusing provided for faculty/staff by _____ as soon as possible after the incident.
4. Defusing/debriefing procedures for students reviewed at faculty meeting.
5. Teachers conduct defusing sessions in class.
6. Teachers refer students in deep distress and in need of further intervention (i.e., debriefing) to Coordination Center.
7. Faculty self-refer or request further intervention for distressed colleagues.
8. Counselors/psychologists triage distressed students/staff and decide on actions.

   Possible actions:

   Debrief on site and follow-up on site

   Send home with follow-up support

   *Refer for specialized intervention

   (*note: suicidal persons must not be left alone for any amount of time).
9. Critical Incident Stress Response Team meets to evaluate and plan further action.

## HOW TO "DEFUSE" A CRITICAL INCIDENT

## SUGGESTIONS FOR THE CLASSROOM TEACHER

*Model a calm and supportive attitude.

*Provide correct, timely information. Discourage/correct rumors.

*Reassure students that adults are on hand to protect and help them. Give small children hugs, warm drinks, and food.

*Allow students to express their thoughts and feelings regarding the incident, without your expressing judgment of them.

*Explain to students that the distress they might feel is a normal response of normal people to an abnormal incident, and will lessen in time.

*Discourage revenge fantasies by exploring the real consequences of any such actions.

*Help students to find positive ways to channel their desire to "do something."

*Refer students who remain distressed to on-site counselors.

*Arrange rest breaks for yourself by working with a buddy. To manage your own stress and possible distress, find a trusted person or designated counselor to talk with.

*Support other staff; provide solidarity for those who are distressed.

## HOW TO PROMOTE PSYCHOSOCIAL WELL-BEING IN EMERGENCIES

(Ressler, Tortorici, & Marcelino, 1993. Adapted with permission)

*Provide a safe place and time for the survivors to talk about what happened to them and their peers as soon as possible after the incident.

*Provide a safe area for caregivers to rest, eat, and talk with a designated counselor, if desired.

*When talking with survivors, focus on coping strengths, not simply on distress and injury.

*Do not force people to talk about topics they may wish to remain silent about, and do not allow anyone else to do so.

*Use supportive interventions that do the least harm and do not re-traumatize.

*Stress culturally appropriate interventions, using familiar, local school site and community resource people whenever possible.

*Use age appropriate interventions.

*Be sensitive to particular meanings traumatic experiences may have in various cultures.

*Be aware that survivors of past trauma, or those with many unmet needs, may react more strongly to current stressors, may take longer to recover, and may need more specialized intervention.

*Ensure that the psychosocial needs of all members of the school community are met, regardless of the side of a conflict that they,their families, or their communities may be on.

*Avoid institutionalization or removal of distressed students from their families or communities for treatments.

*Help prevent psychosocial difficulties by stimulating social interaction, cultural activities, and by allowing time for supportive religious practices for those who wish them.

# EMOTIONAL FIRST AID
# SUGGESTIONS FOR CAREGIVERS

(Tortorici, 1994. Adapted with permission)

*Assure basic survival needs.
*Maintain calm and an attitude of solidarity and caring.
*Care for yourself. Take breaks to eat, rest, and talk.
*Give survivors frequent, accurate, brief explanations of the events in age and culture appropriate language.
*Express understanding of realistic fears. Do not deny what has happened and what is likely to happen.
*When gathering facts, minimize the number of times survivors are asked to tell what happened. Do not allow repeated questioning by media or other fact-finding groups.
*Reassure young people that you and other adults are there to protect and care for them.
*If there are deaths, explain or re-explain the nature of death. Acknowledge that it is difficult to accept death under unexpected, massive, or cruel circumstances.
*Give young people the chance to express their feelings about what has happened, through conversations, stories, games, drawings, or songs. Model an accepting attitude; do not express judgment or criticism of what is expressed. Allow tears or other expressions of fear, worry, sadness, guilt, etc. Be sure to end with theme of mastery over situation or a coping skill that was learned.
*Emphasize the normalcy of reactions to the events. Do not treat the survivor like a "sick" or "crazy" person, even though their reactions may seem extreme.
*Help contain feelings of extreme anxiety by subtly focusing attention away from the individual from time to time.
*If the person, friends, or relatives have done things to survive, mention them to reinforce a sense of self-control and positive self-value, and to prevent feelings of guilt for having survived.
*Gradually and gently help young people to see that wishes and fantasies of being able to prevent the crisis or of saving loved ones are not realistic and should not be used for self- blame.
*Help the person to separate the events from an association with the place in which it occurred.
*Tolerate with patience any temporary return to younger behavior (like sucking on fingers, etc.). Orient parents to help them give their children extra support and nurturance.
*Accompany young people in activities that have to do with injured or dead members of the school, family, or community.
*In the case of suicide, avoid idealizing or romanticizing the deceased.
*Explore any plan for revenge survivors may have. Discuss the real consequence of any such action. Help to identify alternative, positive actions that could satisfy the need to "do something."
*After a period of mourning, help survivors to remember the good times they once had with those who died.

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